## 13031033011

## STATEMENT OF **ORGANIZATION**

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FORM 1						Office Use Only	
1. NAME OF COMMITTEE (in	n full)		neck if name changed)		mple:If typing, type r the lines.	12FE4M	
TRANS U	NION	LLC P	<u> </u>	AL A	CTION COM	MITTE	<u>E,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	1 1 1 1	<sub>1</sub> 555 V	VEST A	ADAN	IS ST		
ADDRESS (number and street)							
(Check if a is changed)		CHIC	AGO				60661
			•	CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRE	SS (Please p	rovide only or	ne e-mail ac	dress)		·
[7] (Check if	address	cpara	ado@ti	ansul	nion.com		
is change		سنا		<u> T 1 "T 1</u>	- نىئىنىن	ببتب	
COMMITTEE'S WEB PAGE ADDRESS (URL)							
	uer e e	Ĺ	 <u>                                   </u>	, . 1	<u> </u>	<u> </u>	
(Check if is change				J- 1 1 1	1 1 1 1 1 1 1	<u> </u>	
2. DATE 01" 28° (2013")							
3. FEC IDENTIFICATION NUMBER C C 00313700							
4. IS THIS STATE	MENT _	NEW (	N) OF		AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer  Jill Griffin							
Signature of Treasurer Date 01" 28" 2013							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use	:				For further information c Federal Election Commission Tol: Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
. TYP	E OF C	OMMITTEE	
Car	ndidate	Committee:	
(a)	Ц	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
	ne of didate		· · · · · · · · · · · · · · · · · · ·
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	Messiperance in the
	ne of didate		
Par	rty Con	nmittee: (National, State	Democratic
(d)			Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)	$\boxtimes$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number C	
	<b>4</b> .		

FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name TRANS UNION LLC POLITICAL ACTION COMMIT Name of Any Connected Organization, Affillated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor rans/Union Mailing Address Chicago CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative \_eadership PAC Sponsor 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. Chris Paradowicz **Full Name** Mailing Address <sub>1</sub>6066,1 Title or Position CITY STATE ZIP CODE <sub>I</sub>Financial Reporting Manager Telephone number Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Jill Griffin of Treasurer Mailing Address 60661 hicago CITY STATE ZIP CODE Title or Position Sr. Director Shared Services

1985,

Telephone number

CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 02/2009)

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